



Practitioner's Docket No. 70342/48,811
PATENT

1643
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: S. Hinuma, et al.

Application No.: 09/207,168

Group No.: 1643

Filed: 12/07/1998

Examiner: D. Romeo.

For: NOVEL PEPTIDES AND PRODUCTION AND USE THEREOF

Assistant Commissioner for Patents
Washington, D.C. 20231

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for a one month:

Fee: \$110.00

CERTIFICATE OF MAILING/TRANSMISSION(37 C.F.R. 1.8(a))

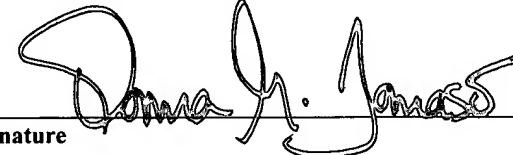
I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.


Signature

Date: October 23, 2001

Donna M. Tomaso
(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	35	Minus	45	=0	x \$0. =	\$0
Indep.	5	Minus	3	= 2	x \$84 =	\$168.
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0
					Total	\$168.00
					Addit. Fee	\$168.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write AO= in Col. 3,
 - ** If the AHighest No. Previously Paid For= IN THIS SPACE (Column 2, Row 1) is less than 20, enter A20=.
 - *** If the AHighest No. Previously Paid For= IN THIS SPACE (Column 2, Row 2) is less than 3, enter A3=.
- The AHighest No. Previously Paid For= (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

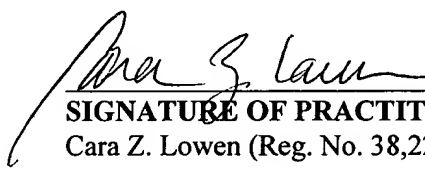
FEE PAYMENT

5. Attached is a check in the sum of \$278.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 04-1105.
If any additional fee for claims is required, charge Account No. 04-1105.

Customer No.: 21874


SIGNATURE OF PRACTITIONER
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